

Patient 1<sup>st</sup> Advisory Council  
Conference Call Meeting Minutes  
October 4, 2007

**Participants:**

AGENCY: Kim Davis-Allen, Kathy Hall, Dr. Robert Moon, Dr. Mary McIntyre, Michelle Sellers, Beverly Churchwell, Gloria Wright, Theresa Richburg, Mike Murphy, Linda Stephens, Joetta Evans, Robin Rawls, Paige Clark

MEMBERS: Dr. Marsha Raulerson, Jerry Haynes, Tina Howell,

**General Update:**

- Patient 1<sup>st</sup> Update: Recipients >21 79,359 <21 327,999 Total = 407,358
- PMP program providers: 1,090, this includes groups as well as individual practitioners
- In-Home Monitoring: Currently 103 recipients enrolled  
Working through equipment issues, i.e. strips for Ultra monitor  
Piloting new data base and equipment in Coffee County, to start Oct. 22 or 23, 2007. this equipment will allow a patient to enter through the telephone readings versus “a box” collecting the data.
  - Pilot will determine user friendliness for recipients
  - If goes well, then will have all counties and recipients with new system by January 2008
- Care Coordination through referrals from the Agency to ADPH continues. The electronic referral system is being used by Agency staff but this capability is not currently available to PMPs.

**Profiler Issues:**

- Profiler for July sent out end of September. Delayed due to data issues with InfoSolutions. To cut down on confusion, the Agency will mail the Profiler on the scheduled quarterly scheduled basis. If there is a discrepancy in the data, it will be noted on the report.

- The Agency will be placing the Profiler schedule on the WEB. The schedule will include the proposed mail date as well as the dates of service reflected in the report.
- It was requested that consideration be given to possibly changing date ranges of Profiler to provide more “real” time information. The current delay is allowed to capture as many claims as possible due to the lag time providers may encounter in filing claims. The question is if the time period is shortened what effect it will have on capturing data. If change is approved, it will be implemented after conversion of the Agency’s new computer system. ALSO, please remember that the Profiler can be run at any time for any time period.

### **Performance Measures:**

- The Agency has been working with FQHCs in developing performance measures that best reflect the unique way they provide services. The measures that were developed for this group are below and are being proposed for all PMPs.
  - Advised council any shared savings will be based on waiver periods and the realization of savings and must also be approved by CMS. Council requests information is sent on time frame of waiver periods and when the shared savings will possibly be paid next.
  - Presented proposed Performance Measures for next shared savings:
    1. Annual EPSDT Screenings
      - Phase 1- one screening per child per year (to be included in '09 payout)
      - Phase 2- age appropriate screenings (tracking will have to be developed by M'caid and if feasible will be included in payouts following year '09)
    2. Pharmaceutical-generic dispensing rate vs. brand name for prescriptions filled
    3. Office visits per unique enrollee
- QI measures
4. HbA1C-%age of diabetic patients who have had at least one HbA1C during 12 month review period
  5. Asthma-%age of asthma patient who have => one ED visit with a primary diagnosis of asthma during each calendar year

### Issues:

- ❖ What other measures will balance out EPSDT, HbA1C and Asthma measures of PMPs who don't see <21 year olds and those who don't have asthma or DM patients (i.e. will those providers not receive any "points" when calculating the shared savings?)
- ❖ Will those PMPs who prescribe high dollar prescriptions due to their recipient populations (Singular, Synergist) be penalized under the Pharmaceutical measure? *No, since all providers are adjusted when compared to their peers.*
- ❖ Hospitalizations of recipients on PMP's panels need to be looked at as a measure.
- ❖ Immunizations can't be accurately captured at this time by Profiler. It will take a major change request. This can't be done until after conversion to new Agency system.
- ❖ Need to align/mesh performance measures to reflect the work this is already being done for quality initiatives of the TFQ grant.

Dr. McIntyre requests an ER reporting discussion to determine how the Asthma measure will be captured as well as over all discussion of ER reporting.

An internal meeting will be convened with our Quality Improvement Staff to determine/discuss the proposed quality initiatives and other possibilities for QI.

### Action Items:

Place Profiler schedule on WEB

Place schedule of waiver years on WEB

Place explanation of "shared savings" with schedule on WEB

Meet with Dr. Moon, Dr. McIntyre, Kathy Hall, and Kim Davis-Allen to discuss quality initiatives/performance measures as requested in today's call.

Meet with Dr. McIntyre's staff for discuss Asthma measure and ER reporting.

Next meeting: November 2007 12:00-1:00 C.S.T